

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	70591	12/10/01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		
FORMALITY REVIEW	<i>[Signature]</i>	88578	1/20/02
RESPONSE FORMALITY REVIEW			

**BEST AVAILABLE COPY**

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			1/2/01
2			7/25/01
3			10/2/01
4			2/7/02
5			7/03/03
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If more than 150 claims or 10 actions  
staple additional sheet her

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